File No. 63

AFFIDAVIT OF HEIRSHIP

BOOK 10131 PG 558

Freddie Mai B. Ellis

New Owner:
Margaret Jane Ellis Evans
c/o Guaranty Title & Escrow Co.
2711 Murfreesboro Road
Suite 200
Antioch, TN 37013

Tax Bill:
To Owner

Map & Parcel:
120-13-47

STATE OF TENNESSEE
COUNTY OF Davidson

RE: Part of Property Described in Book 1341, Page 663 R.O.D.C.

I, Margaret Jane Ellis Evans, being first duly sworn on oath, state that I am of lawful age and that based upon my personal knowledge further depose and state:

1. Freddie Mai B. Ellis died on the 12 day of Febuary 1996. See Exhibit "B"
2. Freddie Mai B. Ellis was not married at the time of her death. See Exhibit "B"
3. The estate of the decedent is solvent and that any and all debts and inheritance taxes, if any, against the estate of the decedent have been paid, or will be paid.
4. The only children born (or legally adopted) by Freddie Mai B. Ellis from all marriages are:
   Margaret Jane Ellis Evans
   Betty Jean Ellis Biggs/now Byrum
   Oris (Buddy) Ellis, Jr.
5. The decedent died (testate), leaving an unprobated will naming the heirs at Law designated in number 4 herein as the sole heirs of her estate. See Exh. B, T "A"

This affidavit is given as an inducement for Stewart Title Company to insure the title to the above described property without taking any exception as to any and all matters set out herein above; and further the undersigned agrees to indemnify Stewart Title Company for any loss caused by a misstatement of fact.

TCA 30-1206 provides that whomever shall willfully, corruptly and falsely swear to any statement in an affidavit of heirship known by him to be false, or about which he does not have sufficient knowledge to justify his making such a sworn statement on conviction shall be imprisoned in the penitentiary for not less than one, nor more than five years.

Witness my hand this 19 day of July, 1996.

Margaret Jane Ellis Evans
Affiant

Sworn to and subscribed before me this 19th day of July 1996.

My Commission Expires: 1-20-98

William S. Young
Notary Public

WILLIAM S. YOUNG NOTARY PUBLIC AT LARGE

0207002
IDENTIFICATION REFERENCE

96 JUL 25 AM 8:59
DAVIDSON

8935 07/25 0101 03CHECK 20.

Exhibit "A"

OF BOOK 10131 PG 559

FREDIE MAI ELLIS

I, Fredie Mai Ellis, of Nashville, Tennessee, being of sound mind and disposing memory, realizing the uncertainty of this life, and with full confidence and trust in my Lord and Savior, Jesus Christ, in His death for my sins on the cross and in His shed blood as an atonement for my soul, and knowing that by faith in His sacrifice on the cross for me I have eternal life, do hereby make, publish and declare this to be my Last Will and Testament, hereby revoking all former Wills or Codicils to Wills heretofore made by me.

I.

I direct that all my just debts, funeral expenses and expenses of administration together with all taxes which may properly be owing State, County, and Federal be paid by the Executor hereinafter named.

II.

I give, devise, and bequeath to my beloved children, Margaret Jane Ellis Evans, Betty Jean Ellis Biggs, /now Byrum J.M.E., and Oris (Buddy) Ellis, Jr., all my property real, personal, and mixed, wheresoever located, equally, share and share alike, with the exception that Betty Jean Ellis Biggs' /now Byrum J.M.E. interest in my estate shall be charged with $1,322.40 that I have advanced to her during my lifetime.

III.

I nominate, constitute and appoint my beloved son, Oris (Buddy) Ellis, Jr., as Executor of this my Last Will and Testament. In the event he predeceases me, or refuses to serve, or is unable to serve, then I nominate, constitute and appoint Margaret Jane Ellis Evans as my Executrix. I direct that Oris (Buddy) Ellis, Jr.,

Fredie Mai Ellis
TESTATRIX

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

and Margaret Jane Ellis Evans not be required to make bond in the capacity of Executor or Executrix.

IN WITNESS WHEREOF, I have executed this, my Last Will and Testament, on this the 17 day of Oct., 1972.

BOOK 10131 PG 560

Fredie Mai Ellis
TESTATRIX

SIGNED by the said Fredie Mai Ellis as for her Last Will and Testament in the presence of us, the undersigned, who at her request and in her presence and in the presence of each other have subscribed our names hereto as attesting witnesses on the day and date above written.

Sandra Smith
Witness

Nashville Tennessee
Address

Patty Sue Smith
Witness

Nashville Tennessee
Address

PREPARED BY:

Tom G. Coleman, Jr.
Attorney at Law
1623 Parkway Towers
Nashville, Tennessee 37219

Fredie Mai Ellis
TESTATRIX

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

STATE OF TENNESSEE
Office of Vital Records

Exhibit "B"

BOOK 10131 PG 561

9601571

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

STATE FILE NUMBER 96 009467

TYPE/PRINT IN PERMANENT BLACK INK FOR INSTRUCTIONS SEE HANDBOOK

DECEDENT

1. DECEDENT'S NAME (First, Middle, Last)			2. SEX	3. DATE OF DEATH (Month, Day, Year)
Fredie	Mai	Ellis	Female	February 12, 1996

4. SOCIAL SECURITY NUMBER (of Deceased)	5a. AGE - LAST BIRTHDAY (Years)	5b. UNDER 1 YEAR: MOS. / DAYS	5c. UNDER 1 DAY: HOURS / MIN.	6. DATE OF BIRTH (Month, Day, Year)	7. BIRTHPLACE (City and State or Foreign Country)
413-12-0984	87			Oct. 5, 1908	Nashville, Tennessee.

8. WAS DECEDENT EVER IN U.S. ARMED FORCES? 1 ☐ Yes 2 ☒ No

9a. PLACE OF DEATH (Check only one)
HOSPITAL: 1 ☐ Inpatient 2 ☐ ER/Outpatient 3 ☐ DOA
OTHER: 4 ☒ Nursing Home 5 ☐ Residence 6 ☐ Other (Specify)

9b. FACILITY NAME (If not institution, give street and number)	9c. CITY, TOWN, OR LOCATION OF DEATH	9d. COUNTY OF DEATH
Bethany Health Care 990	Nashville 074	Davidson 19

10. MARITAL STATUS-Married, Never Married, Widowed, Divorced (Specify)	11. SURVIVING SPOUSE (If wife, give maiden name)	12a. DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.)	12b. KIND OF BUSINESS/INDUSTRY
Widowed		Housewife	

13a. RESIDENCE - STATE	13b. COUNTY	13c. CITY, TOWN OR LOCATION	13d. STREET AND NUMBER OR RURAL LOCATION
Tennessee	Davidson 19	Nashville 074	1227 Currey Road

CENSUS TRACT	13e. INSIDE CITY LIMITS? 1 ☒ Yes 2 ☐ No	13f. ZIP CODE	14. WAS DECEDENT OF HISPANIC ORIGIN? (Specify Yes or No-If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes 0 ☒ No Specify, if yes:	15. RACE - American Indian, Black, White, Etc. (Specify)	16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12)	College (1-4 or 5+)
		37217		White	8	

PARENTS

17. FATHER'S NAME (First, Middle, Last)	18. MOTHER'S NAME (First, Middle, Maiden Surname)
John Boner	Margaret Unknown

INFORMANT

19a. INFORMANT'S NAME (Type/Print)	19b. RELATIONSHIP TO DECEASED	19c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code)
Margaret Evans	Daughter	7010 Burkitt Road Antioch, TN 37013

DISPOSITION

20a. METHOD OF DISPOSITION	20b. PLACE OF DISPOSITION (Name of cemetery, crematory, or other place)	20c. LOCATION - City or Town, State
1 ☒ Burial 2 ☐ Cremation 3 ☐ Removal from State 4 ☐ Donation 5 ☐ Other (Specify)	Woodlawn Memorial Park	Nashville Tennessee

21a. SIGNATURE OF FUNERAL DIRECTOR	21b. LICENSE NUMBER OF FUNERAL DIRECTOR	21c. SIGNATURE OF EMBALMER	21d. LICENSE NUMBER OF EMBALMER
▶ Imogene Green	4367	▶ Charles Crawford	3775

22a. NAME AND ADDRESS OF FUNERAL HOME	22b. LICENSE NUMBER OF FUNERAL HOME
Ellis Funeral Home 2627 Nolensville Road, Nashville, TN 37211	775

REGISTRAR

23. REGISTRAR'S SIGNATURE	24. DATE FILED (Month, Day, Year)
▶ Marsha L. Jones	March 28, 1996

CERTIFIER

25a. PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated.
1 ☒ SIGNATURE AND TITLE OF PHYSICIAN ▶ A R Anderson MD

25b. LICENSE NUMBER	25c. DATE SIGNED (Month, Day, Year)
875	3/28/96

26a. MEDICAL EXAMINER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, and place, and due to the cause(s) and manner as stated.
2 ☐ SIGNATURE AND TITLE OF MEDICAL EXAMINER ▶

26b. LICENSE NUMBER	26c. DATE SIGNED (Month, Day, Year)

PHYSICIAN OR MEDICAL EXAMINER EXECUTING CERTIFICATE MUST COMPLETE AND

27. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN OR MEDICAL EXAMINER) (Type/Print)
Arthur Anderson M.D., 1911 Glen Echo Road

NAME OF DECEDENT: For use by physician or institution

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

JUL 18 1996
Date Issued

THE GREAT SEAL OF THE STATE OF TENNESSEE XVI AGRICULTURE COMMERCE 1796 TN

DEPARTMENT OF HEALTH XVI AGRICULTURE COMMERCE TENNESSEE

CERTIFICATION OF VITAL RECORD

RECORDERS MEMO
LEGIBILITY OF WRITING, TYPING OR PRINTING IN THIS DOCUMENT UNSATISFACTORY WHEN RECEIVED

STATE OF TENNESSEE
Office of Vital Records

BOOK 10131 PG 562 Exhibit "C"

CERTIFICATE OF DEATH

68-010496

TENNESSEE DEPARTMENT OF PUBLIC HEALTH FILE NO.
DIVISION OF VITAL STATISTICS

1117
24
1117
BIRTH NO.

20-72
MES A LEGAL
HEN PROPERLY
D FILED.
84
NT IN PERMA-
OR BLACK INK.
623

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

DECEASED — NAME (FIRST / MIDDLE / LAST)			DATE OF DEATH (MONTH, DAY, YEAR)
1. Oris	Cereal	Ellis	2. 4-22-68

RACE (WHITE, NEGRO, AMERICAN INDIAN, ETC.)	SEX	AGE — LAST BIRTHDAY (YEARS)	UNDER 1 YEAR (MOS. / DAYS)	UNDER 1 DAY (HOURS / MIN.)	DATE OF BIRTH (MONTH, DAY, YEAR)
3. White	4. Male	5a. 55	5b.	5c.	6. 8-4-12

COUNTY OF DEATH	CITY, TOWN, OR LOCATION OF DEATH	INSIDE CITY LIMITS (YES OR NO)	HOSPITAL OR OTHER INSTITUTION — NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)
7a. Davidson	7b. Nashville	7c. yes	7d. General

STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)	CITIZEN OF WHAT COUNTRY	MARRIED, NEVER MARRIED, WIDOWED, DIVORCED	SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Tennessee	9. USA.	10. Married	11. Freddie M Boner Ellis

SOCIAL SECURITY NUMBER	USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)	KIND OF BUSINESS OR INDUSTRY
12. [redacted] 0984	13a. Police Officer	13b. Nashville Metro, Govt.

PARENTS AND INFORMANT

RESIDENCE — STATE	COUNTY	CITY, TOWN, OR LOCATION	INSIDE CITY LIMITS (YES OR NO)	STREET AND NUMBER
14a. Tenn.	14b. Davidson	14c. Nashville	14d. yes	14e. 1227 Curry Rd.

FATHER — NAME	MOTHER — MAIDEN NAME	INFORMANT — NAME	MAILING ADDRESS
15. W.L.Ellis, Sr.	16. Vera Huggins	17. Freddie M Boner Ellis	1227 Curry Rd.

CERTIFIER

ATTENDED BY
AUTHORIZED
ON HERE.
URED PRIOR TO
TION OF BODY
M CARRIER OR
OM STATE.

BURIAL

REV. 1-68

MEDICAL EXAMINER — CERTIFICATION (ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.) SIGNATURE	TITLE	DATE SIGNED (MONTH, DAY, YEAR)
22a. T. E. Simpkins	M.D.	22b. 4-22-68

CERTIFIER — NAME (TYPE OR PRINT)	MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)
23a. T.E.SIMPKINS M.D.	23b. 1120 Dickerson Pk Nashville 37207

BURIAL, CREMATION, REMOVAL (SPECIFY)	DATE (MONTH, DAY, YEAR)	CEMETERY OR CREMATORY — NAME	LOCATION (CITY OR TOWN, STATE)
24a. Burial	24b. 4-26-68	24c. Woodlawn	24d. Nashville, Tenn.

FUNERAL HOME — NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)	REGISTRAR — SIGNATURE	DATE RECEIVED BY LOCAL REGISTRAR
25. Ellis-2627 Nolensville Rd.Nashville,Tenn.	26a. [signature]	26b. 4-29-68

I hereby certify the above to be a true and correct copy of the original document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Department of Health. Alteration or erasure voids this certification.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977.

Paula Taylor
Paula Taylor
State Registrar

JUL 18 1996
Date Issued

CERTIFICATION OF VITAL RECORD

RECORDER'S MEMO

IN